

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

| | | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER Yes on Measure W Committee, Major Funding by CBD Inc. | | | Date of This Filing 11/07/2016 | Date Stamp 16 NOV -8 AM 8:26 CITY OF COSTA MESA BY <u>Jasmine, email</u> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (714) 676-8878 | I.D. NUMBER (if applicable) 1390927 | Report No. 2016-12 | | | |
| STREET ADDRESS 2973 Harbor Blvd, Suite 151 | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Costa Mesa | STATE CA | ZIP CODE 92626 | No. of Pages 1 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 11/07/2016 | CBD, Inc 3023 Orange Ave Santa Ana, CA 92707 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee